

NOV 18 2005

REQUEST FOR CONTINUED EXAMINATION (RCE) TRANSMITTAL		Application No.		09/933,535
		Filing Date		August 20, 2001
		First Named Inventor		Edward O. Shaffer II
		Group Art Unit		2891
		Examiner Name		Asok Sarkar
		Attorney Docket No.		60939B
		Express Mail Label No.		N/A

This is a Request for Continued Examination (RCE) under 37 CFR §1.114 of the above-identified application. **Note:** 37 CFR §1.114 is effective on May 29, 2000. If the above-identified application was filed prior to May 29, 2000, applicant may wish to consider filing a continued prosecution application (CPA) under 37 CFR §1.53(d) instead of a RCE to be eligible for the patent term adjustment provisions of the AIPA.

- Submission required under 37 CFR §1.114**
 - Previously submitted**
 - ☐ Consider the amendment(s)/reply under 37 CFR §1.116 previously filed on _____
(any unentered amendment(s) referred to above will be entered)
 - ☐ Consider the arguments in the Appeal Brief or Reply Brief previously filed on _____
 - ☐ Other: _____
 - Enclosed**
 - ☐ Amendment/Reply
 - ☐ Affidavit(s)/Declaration(s)
 - ☒ Information Disclosure Statement (IDS)
 - ☒ Other: A copy of the Petition for Withdrawal from Issue under 37 C.F.R. 1.313(c)(2)
- Miscellaneous**
 - ☐ Suspension of action on the above-identified application is requested under 37 CFR §1.103(c) for a period of _____ months. (Period of suspension shall not exceed 3 months; fee under 37 CFR §1.17(i) required)
 - ☐ Other: _____
- Fees** (The RCE fee under 37 CFR §1.17(e) is required by 37 CFR §1.114 when the RCE is filed.)
 - ☒ The Director is hereby authorized to charge the following fees, or credit any overpayments to Deposit Account No. 04-1512.
 - ☒ RCE fee of \$790 required under 37 CFR §1.17
 - ☐ Extension of time fee (37 CFR §§ 1.136 and 1.17)
 - ☐ Other _____
 - ☐ Check in the amount of \$ _____ enclosed
 - ☐ Payment by credit card (Form PTO-2038 enclosed)

NEW CORRESPONDENCE ADDRESS			
<input checked="" type="checkbox"/> Customer Number 00109 or <input type="checkbox"/> Correspondence address below			
NAME			
ADDRESS			
CITY		STATE	ZIP CODE
SIGNATURE OF ATTORNEY/AGENT REQUIRED			
SIGNATURE		<u>Susan Moeller Zerull</u>	
NAME		Susan Moeller Zerull	
REGISTRATION NO.		38,367	
DATE		November 18, 2005	
CERTIFICATE OF MAILING OR TRANSMISSION			
I hereby certify that this correspondence is being facsimile transmitted to the U.S. Patent & Trademark Office at 571-273-8300 on: November 18, 2005			
NAME		Joslyn M. Damore	
SIGNATURE		<u>Joslyn M. Damore</u>	
DATE		November 18, 2005	

11/21/2005 HDEMESS1 00000027 041512 09933535

02 FC:1801 790.00 DA

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IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Appl. No. : 09/933,535 Confirmation No. 5814
Applicant (s) : Edward O. Shaffer II et al.
Filed : August 20, 2001
TC/A.U. : 2891
Examiner : Asok Sarkar
Title : ORGANOSILICATE RESINS AS HARDMASKS FOR
ORGANIC POLYMER DIELECTRICS IN FABRICATION OF
MICROELECTRONIC DEVICES
Docket No. : 60393B
Customer No. : 00109

<p align="center">CERTIFICATION OF FACSIMILE TRANSMISSION</p> <p align="center">I HEREBY CERTIFY THAT THIS PAPER IS BEING FACSIMILE TRANSMITTED TO THE U.S. PATENT OFFICE ON THE DATE SHOWN BELOW:</p> <p align="center">November 18, 2005</p> <p align="center">DATE OF DEPOSIT</p> <p align="center">Joslyn M. Damore</p> <p align="center">PRINT OR TYPE NAME OF PERSON SIGNING CERTIFICATE</p> <p align="center"><i>Joslyn M. Damore</i></p> <p align="center">SIGNATURE OF PERSON SIGNING CERTIFICATE</p> <p align="center"><i>November 18, 2005</i></p> <p align="center">DATE OF SIGNATURE</p>

Mail Stop Petition
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

PETITION TO WITHDRAW AN APPLICATION FROM ISSUE
UNDER 37 C.F.R. § 1.313(c)(2)

An Issue Fee was transmitted by Applicant on September 21, 2005.
Applicants now wish to withdraw the application from issue to submit a Request for Continued Examination and an Information Disclosure Statement, both of which are being submitted today, copy attached.

A fee of \$300.00 for this service is required under C.F.R. § 1.17(h), please charge our Deposit Account No. 04-1512. If this amount is incorrect, please credit or debit our Account accordingly.

11/21/2005 HDEMESS1 00000027 041512 09933535
01 FC:1464 130.00 DA

P. O. Box 1967
Midland, MI 48641-1967

/jmd

Respectfully submitted,

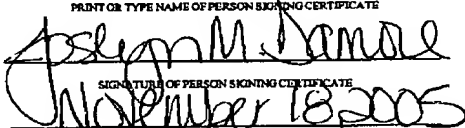
Susan Moeller Zerull
Susan Moeller Zerull
Registration No. 38,367
Phone: 989-636-8858

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<p align="center"><small>CERTIFICATION OF FACSIMILE TRANSMISSION</small></p> <p align="center"><small>I HEREBY CERTIFY THAT THIS PAPER IS BEING FACSIMILE TRANSMITTED TO THE U.S. PATENT</small></p> <p align="center"><small>OFFICE ON THE DATE SHOWN BELOW:</small></p> <p align="center">November 18, 2005</p> <p align="center"><small>DATE OF DEPOSIT</small></p> <p align="center">Joslyn M. Damore</p> <p align="center"><small>PRINT OR TYPE NAME OF PERSON SIGNING CERTIFICATE</small></p> <p align="center"></p> <p align="center"><small>SIGNATURE OF PERSON SIGNING CERTIFICATE</small></p> <p align="center">November 18 2005</p> <p align="center"><small>DATE OF SIGNATURE</small></p>

Mall Stop RCE
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

INFORMATION DISCLOSURE STATEMENT

Pursuant to Applicant's duty of disclosure under 37 CFR §1.56, the Examiner's attention is directed to the information identified in the attached Form PTO/SB/08a. Applicant has enclosed a copy of each reference on this Form.

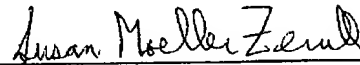
No item of information contained herein was cited in a communication from a foreign patent office in a counterpart foreign application or, to the knowledge of the undersigned after making reasonable inquiry, was known to any individual designated in 37 CFR §1.56(c) more than three (3) months prior to the filing date hereof.

Applicant requests that these references be reviewed, considered, and made of record. Applicant further requests that the Examiner initial the enclosed Form PTO/SB/08a indicating the Examiner has reviewed the references and return a copy of the initial Form to Applicant.

Appln. No. 09/933,535
INFORMATION DISCLOSURE STATEMENT
November 18, 2005

Applicant believes submission of this Statement requires no fee. If this is incorrect, please charge any fees required to Deposit Account No. 04-1512.

Respectfully submitted,



Susan Moeller Zerull
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COVER SHEET FOR FACSIMILE TRANSMISSION

TO: THE U. S. PATENT & TRADEMARK OFFICE
FROM: THE DOW CHEMICAL COMPANY; Midland, Michigan

DATE OF TRANSMISSION: NOVEMBER 18, 2005

DOW DOCKET NUMBER: 60393B

APPLICATION SERIAL NUMBER: 09/933,535

TYPE OF COMMUNICATION: PETITION TO WITHDRAW AN APPLICATION
FROM ISSUE UNDER 37 C.F.R. § 1.313(c)(2)NO. OF PAGES OF TRANSMISSION INCLUDING THIS COVER SHEET: 10

NAME OF PTO CONTACT: EXAMINER ASOK SARKAR

TELEPHONE NUMBER FOR PTO CONTACT: 257.272.1970

USPTO CENTRAL FAX NO. : 571.273.8300

THE DOW CHEMICAL COMPANY
LEGAL DEPARTMENT INFORMATION:

RETURN FAX NUMBER: 989.638.9224

CONTACT PERSON: SUSAN MOELLER ZERULL

CONTACT PERSON TELEPHONE NUMBER: 989.636.8858